

01/12/99  
jc549 U.S. PTO

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A

Assistant Commissioner for Patents  
Washington, D.C. 20231

Date: January 12, 1999

36856.166

jc549 U.S. PTO  
09/22/99  
01/12/99

Sir:

Enclosed herewith for filing are the specification, claims and abstract of the patent application of:

Inventor(s): [List all names] **Tetsuo TANIGUCHI**  
**Naoki MIZOGUCHI**

For: **INPUT-OUTPUT BALANCED FILTER**

Also enclosed are:  
 Executed declaration or oath.  
 7 sheets of drawings  
 A Recordation Form Cover Sheet and an assignment of the invention (\$40.00 check enclosed)  
 A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27  
 Our check in the amount of \$778.00 is enclosed to cover:  
 the filing fee of \$778.00;  
 the fee of \$130.00 for processing an application filed with a non-English language specification;  
 Information Disclosure Statement under Rule 98;  
 Preliminary Amendment; and  
 Other: Certified Japanese Application No. 10-005942 filed; January 14, 1998

The filing fee has been calculated as shown in the attachment.

The benefit of priority under 35 USC 119 is hereby claimed from the following foreign application(s): Japanese Application No. 10-005942 January 14, 1998

The benefit of priority under 35 USC 120 is hereby claimed from the following United States application(s)

The Commissioner is hereby authorized to charge any deficiency in the basic filing fee associated with this communication under 37 CFR §1.16(a) only to our Deposit Account No. 07-1855. A duplicate copy of this sheet is enclosed.

**Do not charge our Deposit Account for any deficiency in any fee for multiple dependent claims and/or excess claims.**

Respectfully Submitted,

By: **GRAHAM & JAMES LLP**

Per: Joseph R. Keating  
Reg. No. 37,368

**Patent Office Fees (Not PCT)**

**SMALL ENTITY**

<u>FOR:</u>	<u>NUMBER FILED</u>	<u>NUMBER EXTRA</u>	<u>RATE</u>	<u>FEE</u>
Fitch-				
Basic Fee	-	-	-	\$380.00
Total Claims	-20 =	-	x 9 =	\$
Indep. Claims	-3 =	-	x 39 =	\$
			TOTAL:	\$

**OTHER THAN A SMALL ENTITY**

<u>FOR:</u> 36856.166	<u>NUMBER FILED</u>	<u>NUMBER EXTRA</u>	<u>RATE</u>	<u>FEE</u>
Basic Fee	-	-	-	\$760.00
Total Claims	21-20	1	x 18 =	\$ 18.00
Indep. Claims	3-3	-	x 78 =	\$ _____
			TOTAL:	\$778.00

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